LSC Comparative

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2014 FORM APPROVED

OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 4464DB NAME OF PROVIDER OR SUPPLIER 03/18/2014 STREET ADDRESS, CITY, STATE, ZIP CODE SODDY-DAISY HEALTH CARE CENTER 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC (DENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 **INITIAL COMMENTS** K015 K 000 1.) The Director of Maintenance contacted State of TN office on Stories: 1 Construction Type: V (111) February 12, 2014, to obtain a Constructed: 1998 copy of Plans Review Submittal Fully Sprinkled Y for Minor Renovation Form. The Director of Maintenance received a Certified beds: 120 letter dated March 17, 2014, Census: 105 NFPA 101 LIFE SAFETY CODE STANDARD approving the application of K 015 K 015 Primer Flame Control #10-10A SS≂D interior finish for rooms and spaces not used for and Top coat paint Flame Control corridors or exitways, including exposed interior #40-40A. surfaces of buildings such as fixed or movable 2.) The Maintenance Director walls, partitions, columns, and ceilings, has a audited the entire facility for flame spread rating of Class A or Class B. (In proper compliance in regards to fully sprinklered buildings, flame spread rating of Class B rating on wood paneling, Class A, Class B, or Class C may be continued in use within rooms separated in accordance with Ref: 2000 NFPA 101 Section 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.1, 19.3.3.2, on February 13, 19.3.3.2 2014. No other locations were found to be out of compliance. 3.) The Maintenance Director was in-serviced by the administrator on proper fire rating on wood This STANDARD is not met as evidenced by: Based on observation and staff interview, the paneling on February 27, 2014. facility failed to install interior finishes with the The preventative maintenance required flame spread rating. program will include auditing the wood paneling to ensure that it is Findings include: in compliance. On 3/18/2014, the facility could not provide documentation that the interior finish on the lower POC ACCEPTED portion of the walls, plywood bead board painted with oil based paint, had a flame spread rating (FSR) of class B in the "Ice Cream Parlor" at the front entrance. The room is open to the corridor and sprinkler protected. ASORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other paragraphs provide sufficient prejection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survive whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

PRINTED: 03/25/2014 FORM APPROVED OMB NO. 0038-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDING		(X3) DATI	(X3) DATE SURVEY COMPLETED	
l		445408	B. WING		i		
1	DER OR SUPPLIER HEALTH CARE	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379	1 03	114/2014	
(X4) ID PREFIX TAG	(SACH DEFICIE	/ Statement of deficiencies ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	JLD BE	COMPLETION DATE	
				4.) Audits of the preventa maintenance program, when include the assessment of painted surface of the work will be performed by the Maintenance Director dails of days and then weekly the weeks and then monthly the months and/or until 100% compliance. The Director of Maintenance report results of compliance Class B fire rating audits the Quality Assurance Performs Improvement meeting to en 100% compliance. Members the committee include Members and Assistance of Nursing, Staff Development, Social Service Dietary Manager, Rehab Mactivity Director, and Environmental.	ich the od panel, ly times mes 3 imes 2 ace will be with o the mance msure ers of lical mg, nt	4/1/2014	
· !			_1	•	: : : :		

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	STATEMENT	OF DEFICIENCIES	OFTAICES			OMB NO. 0938-039
	AND PLAN O	F GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
			4 45408	B. WNG]
	NAME OF P	ROVIDER OR SUPPLIER		D. WILLES		03/18/2014
Ì	SUDDAD	AICY NEALTH OACH		}	STREET ADDRESS, CITY, STATE, ZIP CODE	
Į	30001-0	AISY HEALTH CARE CE	NTER		701 SEQUOYAH ROAD	
ĺ	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	,	SODDY-DAISY, TN 37379	
	PREFIX TAG	I (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMBIETON
	K 015	Continued From page	1	K 01	15 K038	
		The Maintenance Sup finding when the defici	ervisor acknowledged the ency was identified.		#1	·
	SS=F	Ref. 2000 NFPA 101 5 10,2,3 Faiture to install interior flame spread rating Indiring due to fire. The deficiency affected compartments. NFPA 101 LIFE SAFE* Exit access is arranged accessible at all times in 7.1. 19.2.1	r finishes with the required creases the risk of death or 11 of 8 smoke TY CODE STANDARD Iso that exits are readily in accordance with section	K 034	delayed egress devices that un in 15 seconds on all exit doors other delayed egress devices we found to be affected at exit door located on the 124 room half of March 19, 2014. 3.) The Maintenance Director in-serviced by the administrate	pril lock cone vas or on
		devices that unlock in 1 foom 231 unlocked in 3 nstalled on the door inc seconds.	and staff interview, the next access provide delayed egress seconds. The exit near 0 second but has signage licating it will unlock in 15 affected 1 exit.		egress devices on March 28, 20 The preventative maintenance program will include auditing to exit door to maintain the egress devices. 4.) Audits of the preventative maintenance program, which include maintaining egress devill be performed by the Maintenance Director daily time days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance.	ol4. the s ices

		MEDICAID SERVICES				M APPROVE <u>0. 0938-039</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NCIES (X1) PROVIDER/SUPPUER/CLIA ON IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		
•		445408	8. WING			
NAME OF PR	OVIDER OR SUPPLIER .			CYDESTADDRESS OF STREET	03	114/2014
SODDY-DA	ISY HEALTH CARE CE	NTER	1	STREET ADDRESS. CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	3F	COMPLETION CATE
				#2		<u>!</u> !
				1.) The Director of Mainten contacted HD Supply for ne locks that only have one relemention and the locks were on April 3, 2014. 2.) The Maintenance Director audited the entire facility for with only one releasing motion. No others were found to be affected motion on March 19 2014. 3.) The Maintenance Director in-serviced by the administra 2000 NFPA 101 on March 28 2014. The preventative maintenance program will include auditing doors to ensure there only one releasing motion. 4.) Audits of the preventative maintenance program, which include auditing doors to ensure there is only one releasing mowill be performed by the Maintenance Director daily tindays and then weekly times 3 weeks and then monthly times months and/or until 100% compliance.	easing redered or doors on. r was tor on large is are tion, mes 5	4/16//2014
					:	

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	WEDICARE &	MEDICAID SERVICES			PORWIAPPRI
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	OMB NO. 0938- (X3) DATE SURVEY	
		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01	
		445408	B. WNG_		
NAME OF P	ROVIDER OR SUPPLIER		- 1 -	STREET ADDRESS, CITY, STATE, ZIP CODE	03/18/2014
SODDY-D	AISY HEALTH CARE CE	NTER		701 SEQUOYAH ROAD	
			1	SODDY-DAISY, TN 37379	
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	1 10	PROVIDER'S PLAN OF CORREC	TION
TAG	REGULATORY OR 1	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	UTO BE COUNTY
K 067	Continued From page 3		K 06	The Director of Maintenan will report results of fire	nce
	This STANDARD is n	ot met as evidenced by:	1	damper audits to the Quali	tri
ì	Based on document i	eview and staff intendeur		Assurance Performance	9
	the facility failed to tes	t HVAC equipment.	1	Improvement meeting to	Ì
,		, ,		ensure 100% compliance.	
j	Findings include:			Members of the committee	
]	On 2/10/2014 4 4 - 2 - 1	lts.	j	include Medical Director,	,
ĺ	On 3/18/2014, the faci	ity could not provide]	Director of Nursing,	
	the dampers.	required 4 year testing of		Administrator and Assistan	,
ľ				Director of Nursing, Staff	et .
	At least every 4 ye	ears, fusible links (where		Development Secial S	
- 1	applicable) shall be rei	noved: all damners shall	i	Development, Social Service	ces,
	ne operated to verify the	18t they fully clase: the		Dietary Manager, Rehab	İ
- 1	latch, if provided, shall	De checked: and moving	-	Manager, Activity Director and Environmental.	•
- 1	parts shall be lubricate	d as necessary.		and Environmental.	4/11/20
	The Maintenance Superfinding when the deficient	ervisor acknowledged the ency was identified.			
	Ref. 2000 NFPA 101 S 1999 NFPA 90A	ection 19.5.2.1, 9.2.1 Section 3-4.7			ļ
	Fallure to test the HVA	C system as required		•	}
ļ	increases the risk of de	ath or injury due to		K076	
	smoke,		1 .		ſ
1.	The defeaters are a		ŀ	1.) The Director of Maintena	ance
}.	The deliciency affected smoke walls:	the dampers installed in	i	contacted Lowes for an outd	001
	NFPA 101 LIFE SAFET	V CODE OTANDA	Į.	storage box to store E-tanks	and
SS=D	WAY OF THE SALE	F CODE STANDARD	K 076	purchased the product on April 4	ril 4.
	Medical gas storage an	d administration areas are		2014.	
18	protected in accordance with NFPA 99. Standards			2.) The Maintenance Directo	r
	for Health Care Facilitie	Health Care Facilities.		audited the entire facility for	
1.	(n) Osean starrers	4	1	proper compliance in regards	to
<u> </u>	(a) Oxygen storege toca	Stions of greater than		proper storage of oxygen on	March
1 *				, , , , , , , , , , , , , , , , , , ,	
	3,000 cu.ft. are enclose separation.	d by a one-nour	1	 19, 2014, no other areas were found to be effected. 	• l

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		IG 01	(X3) DATE SURVEY COMPLETED	
		4454D8	B, WING			03/18/2014	
	ROVIDER OR SUPPLIER AISY HEALTH CARE CEI	NTER		STREET ADDRESS, 701 SEQUOYAH RO SODDY-DAISY, T		•	10,201,7
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING (NFORMATION)	ID PREFI TAG	X (EACH	MIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 076	Continued From page This deficiency affects compartments.		К	076	DEFIGIENCY		
FORM CMS-258	7(02-99) Pravious Versions Obs	olete Event ID: A4WN2	1	Fociaty ID; TN3315	If co	ntinuation she	et Page 6 of 6